

RESOURCES

Recent Amendments to Dental Board Rules Pertaining to Record-Keeping and Unprofessional Conduct

The North Carolina State Board of Dental Examiners recently enacted amendments to several of its rules governing the practice of dentistry with an effective date of July 1, 2015. Although many of the amendments were technical in nature and simply clarify existing rules, the Board has made several substantive changes to the rules that pertain to (1) record-keeping requirements and (2) the definition of “unprofessional conduct”. Dental practitioners need to take note of these changes so as to not run afoul of the new rules and risk the imposition of discipline by the Board.

Record-Keeping Rules

The Board has expanded the scope of patient records that a dentist must maintain. Prior to the recent amendments, the Board’s laundry list of records that a dentist was **required** to maintain did not expressly include treatment plans, study models, x-rays and financial records. As a result of the recent amendments, dentists are now required to maintain the following records (either hard copies, electronically, or a combination of the two) for at least ten years. The items in **bold** were expressly added by the recent amendments:

1. Patient’s full name, address and treatment dates;
2. Patient’s nearest relative or responsible party;
3. Current health history;
4. Diagnosis of condition;
5. Specific treatment rendered and by whom;
6. Name and strength of any medications prescribed, dispensed or administered along with the quantity and date provided;
7. **Work orders issued during the past 2 years;**
8. **Treatment plans for patients of record, except that treatment plans are not required for patients seen only on an emergency basis;**
9. **Diagnostic radiographs, study models and other diagnostic aids, if taken; and**
10. **Patients’ financial records and copies of all insurance claim forms.**

Dentists who utilize electronic record-keeping need to be particularly mindful of the requirement to maintain copies of their treatment plans. Some dental software suites do not maintain a copy of a treatment plan once the treatment has been completed. In those situations, many practitioners are already in the good risk-management habit of printing the treatment plan when it is presented to the patient and scanning a copy into the patient’s chart. Any practitioner whose software does not retain treatment plans once the treatment has been completed needs to immediately begin saving treatment plans in this “old-fashioned” print and scan manner in order to be in compliance with the Board’s rules. Also, for those practitioners who still maintain paper charting, written treatment plans (except for emergency visits) are now required.

Note that the Board’s rules do not require that a treatment plan be maintained as a separate document. Rather, the treatment plan can be included in the clinical note for the date the treatment was proposed to the patient.

Unprofessional Conduct

As a result of the new amendments, the Board's definition of "unprofessional conduct" that can result in discipline such as a public reprimand or the suspension or revocation of a dentist's license has been greatly expanded to include the conduct listed below. Many of these "new" categories appear to be the formal codification of the Board's existing, unwritten position on these issues. The Board has now expressly and officially deemed the conduct listed below to be "unprofessional", so as to remove any doubt as to whether or not the conduct is sanctionable by the Board.

The "new" categories of "unprofessional conduct" include:

- Failing to file a timely and truthful response to a complaint
- Failing to notify the Board of a change of address within 10 business days
- Exceeding the 2:1 dentist-to-hygienist ratio
- Failing to cooperate with a Board subpoena or other request for records
- Soliciting patients by telephone
- Giving or paying anything of value to any person in exchange for a referral
- Failing to offer 30 days of emergency care upon dismissing a patient from the practice
- Withholding treatment to an existing patient conditioned upon payment of an outstanding balance
- Refusing to permit the Board to conduct a sterilization inspection
- Acquiring any controlled substance from any source by fraud or misrepresentation

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